

ANNUAL REPORT

CITY OF HARTFORD ASTHMA CALL TO ACTION TASK FORCE



JANUARY 2003- DECEMBER 2003

Table of Contents

I.	Introduction/Scope of Charge	3
II.	Scope of Activities	5
	• Physician and Nurse Education Component (Tertiary Prevention)	5
	• Community Outreach (Secondary Prevention)	7
	• Public Health Component (Primary Prevention)	8
III.	Other Initiatives	9
	• Hartford Health Survey 2003	9
	• Air Quality in Hartford	10
IV.	Summary of next steps	11
V.	Appendices	12
A.	Process for Call to Action in Hartford	12
B.	Hartford's Asthma Call to Action Members	13
C.	Hartford's Asthma Call to Action Sub-Committees	15

ANNUAL REPORT OF THE ASTHMA CALL-TO-ACTION TASK FORCE

January – December 2003

I. INTRODUCTION/SCOPE OF CHARGE

IMPROVING THE HEALTH OF HARTFORD CALLS TO ACTION

As a result of the Mayor's Blue Ribbon Task Force, which concluded its work in 1995, the Community Health Partnership Steering Committee was formed to address the reorganization of Public Health, to assess the health status of Hartford residents and to assure access to appropriate services. A preliminary analysis of the 1997 Hartford Health Survey was conducted to set the stage for identifying and addressing health issues. It was noted that Hartford had exceptional resources and that exceptional efforts were underway to improve the health of the people of Hartford. All agreed that the efforts would have a greater impact if they were better coordinated among healthcare and community organizations and if identification, prioritization and evaluation of issues and efforts were driven by population-based data.

A formal **Call to Action** by the City Health Director and the Public Health Advisory Council and the Steering Committee provides an umbrella for activities that surround any given health issue. A **Call to Action** also assists the Health Department to develop public health policy. Strategies for improvement that arise from a **Call to Action** may vary in scope and timeline but are all aimed at achieving the following objectives:

- connectivity to the overall mission of public health in the City of Hartford
- Coordination of efforts
- Reduction in fragmentation of services
- Definition of a feasible scope for improvement strategies
- Evaluation of impact/outcome

The structure and process (see diagram-appendix A) for the **Call to Action** is as follows:

- Issues and priorities are determined and prioritized, based on information, by the Public Health Advisory Council.
- The Director of the Health Department announces a **Call to Action** and assigns two accountable persons (preferably one from the Steering Committee and the other from a community agency).
- In addition to the two accountable persons, each hospital provides a physician champion to support the effort.

- These individuals organize a task force that is accountable to the Steering Committee and Public Health Advisory Council.
- The task force develops a strategy for improving health. The accountable persons insure that the project is feasible in scope, appropriately uses existing resources among partners, is coordinated and contains an evaluation component. In addition, the accountable persons are responsible for all communications to the Public Health Advisory Council and Health Director.

A Call to Action addressing Asthma was announced in July 1998 and Hartford's Asthma Call to Action Task Force was formed. The Task Force is a sub-group of the Community Health Partnership, operates under the auspices of the City of Hartford Health Department, and reports to the Public Health Advisory Council.

The appointed chairpersons and physician champions for the Hartford's Asthma Call to Action Task Force are:

- Marie Spivey, RN, MPA, Co-Chairperson, Project Manager, Division of Community Education, Training and Employment Services, Capitol Region Education Council (CREC)
- Sandra Hart, Co-Chairperson, Director of Asthma Programs, American Lung Association of Connecticut (ALACT).
- Rita Kornblum, ACTA Coordinator, Hartford Health Department
- Scott Wolf, MD, Physician Champion, Hartford Hospital
- Richard ZuWallack, MD, Physician Champion, Saint Francis Hospital and Medical Center
- Michelle M. Cloutier, Physician Champion, CT Children's Medical Center

(See appendix B for full membership)

Since January 2001 Hartford's Asthma Call to Action Task Force has followed a sub-committee structure to better utilize the skills and expertise of its members and provide an opportunity for members to choose on which projects they prefer to concentrate their time. Each member of the Hartford's Asthma Call to Action Task Force participates in at least one sub-committee. Hartford's Asthma Call to Action Task Force has four distinct sub-committees.

(See appendix C for a list of the sub-committees and membership in each sub-committee)

II. SCOPE OF ACTIVITIES

The target population for the Hartford's Asthma Call to Action Task Force includes Hartford residents that have signs and symptoms of asthma but have not been diagnosed by a physician as having asthma as well as those that already have an asthma diagnosis. A multi-pronged approach includes primary, secondary and tertiary prevention targeting both providers and recipients of health care. Examples of planned strategies are as follows:

Objectives		Strategies
Tertiary Prevention	Complication prevention - To improve the care provided to already diagnosed asthmatic individuals	<ul style="list-style-type: none">• Physician and nurse education• Dissemination of the guidelines for the diagnosis and management of asthma• National certification process for asthma educators.• Training for school nurses on asthma management skills.
Secondary Prevention	Effective intervention – To emphasize basic asthma management skills	<ul style="list-style-type: none">• Dissemination of asthma information and disease management to Hartford residents.
Primary Prevention	Risk reduction/prevention – To educate the public on reducing risk factors and seeking medical care.	<ul style="list-style-type: none">• Public awareness initiatives

The specific prevention activities that have been initiated by ACTA are described below:

A. Physician and Nurse Education (Tertiary Prevention)

1. Physician's focus group

This current initiative seeks physician input on asthma management in schools and is part of a broader undertaking by health professionals in the Hartford area to work collaboratively to optimize asthma management in area schools. Two focus groups and five key informant interviews on asthma management in schools were conducted with Hartford area pediatricians between May 20th and June 10th 2003.

The goal of this initiative was to obtain input from pediatricians on their perceptions of asthma management in Hartford area schools, and to identify perceived strengths and weaknesses. A research agenda was developed, which comprised the four key areas to be addressed through focus group and interview questions:

- 1) The role of the pediatrician in asthma management in the school setting.
- 2) Asthma management plans: Physicians' impression of and experience with asthma management plans in their practice. The role of asthma management plans in the school setting.
- 3) Gaps that may exist in the management of asthma in the school setting and how these might be addressed.
- 4) Communication with the school: Define the information from the school that would be useful to the physician and the best methods and frequency of communication.

Twenty-seven pediatricians from the Hartford area were invited to participate in a discussion on asthma management in school. Twelve physicians participated in either a focus group or an interview. Both focus groups generated dynamic discussion, which highlighted some different and many common perspectives among participants.

Summary of Findings:

- The two primary **physician roles** in asthma management in school emerged as providing authorization for medication, and as educators around the management of asthma.
- The physician's perception of the **school nurse's role** in asthma management is primarily management of acute exacerbations.
- Discussion of **gaps** in asthma management in the school setting, highlighted four areas: correct technique for delivery of medications, potential over-treatment of mild asthma, recognition of asthma symptoms by school personnel, other than the school nurse, and communication on the nurse's role.
- A major finding was the willingness among many participants to further explore the role of school nurses in asthma management and an expressed desire to work collaboratively with school nurses.

A copy of the full report on this initiative may be obtained by contacting Rita Kornblum, ACTA Coordinator, at rkornblum@ci.hartford.ct.us or at (860) 547-1426 ext: 7188.

2. National Certification process for asthma educators

ACTA and the American Lung Association of Connecticut (ALACT) are exploring the possibility of providing a preparatory course for individuals who are interested in taking the examination to become certified asthma educators. Certified asthma educators are experts in teaching, educating, and counseling individuals with asthma and their families in the knowledge and skills necessary to minimize the impact of asthma on their quality of life. ALACT would like to offer the preparatory course in 2005.

3. Hartford Schools Asthma Initiative

The Hartford Schools Asthma Initiative consists of the efforts initiated in 2002 to further the development of an asthma data-collection infrastructure in the Hartford school system. In 2003 data were collected for over 500 visits of children to school nurses' offices. The results of this study supported the usefulness of the AAP as a component of asthma care in Hartford schools. When AAP s were available to school nurses they were widely used to guide treatment. However, AAP s did not appear to be widely available to school nurses at the time of many moderate or severe asthma incidents. The condition at reassessment for moderate incidents did not vary as a function of whether or not the AAP was used to guide treatment. However, use of the AAP during moderate incidents was associated with the administration of additional medications (after the administration of albuterol), which was in turn associated with being returned to class vs. discharged to home or to further medical care. The patterns of asthma care observed when moderate visits were compared to severe were consistent with those recommended by the Connecticut Department of Public Health.

These results underscore the quality of care that Hartford school nurses provide, often under very challenging circumstances. Data collection would not have been possible without the feedback and cooperation of these nurses to whom the research team extended its deep appreciation. Data collection and tracking of the use of AAP s and the other components of asthma care in Hartford schools will continue during the 2003- 2004 school year. Analysis of data from the 2003- 2004 school year will focus largely on evaluating an increase in the availability and use of AAP s to treat both moderate and severe asthma incidents and to attempt to evaluate improvements over time in a cohort of children who received care for asthma incidents during both measurement periods.

A copy of the full report is anticipated for the Fall 2004 and it may be obtained by contacting Rita Kornblum, ACTA Coordinator, at rkornblum@ci.hartford.ct.us or at (860) 547-1426 ext: 7188.

B. Community Outreach (Secondary Prevention)

1. Several media events aimed at increasing community outreach took place for World Asthma Day 2003 as follows:
 - Public Service Announcements were distributed to several radio stations
 - Four radio talk shows were conducted in 4 Hartford radio stations
 - A live call in TV program was held at the Hartford Government Access, Channel 21. The TV program was planned to answer questions by Hartford residents. A panel composed of Dr. Louis Mendelson (pediatric allergist), Dr. Scott Wolf (director of the Asthma Education and Control program at Hartford Hospital), Dr. Mark Mitchell (president of the Hartford Environmental Justice Network) and Sandy Hart (director of

asthma programs at the American Lung Association of CT) was responsible for answering the many questions that came in. during the one-hour live program. Rita Kornblum acted as moderator for the panel and Joan Simpson screened the calls and assigned the members of the panel based on their area of expertise. The broadcast represented an effort to 1) to emphasize basic asthma management skills and 2) to disseminate asthma information and disease management to Hartford residents.

2. The Hartford Asthma Speaker's Bureau, a partnership between ACTA and the grassroots organization Hartford Environmental Justice Network, conducted community presentations for groups of Hartford School parents, senior citizen groups, shelters for the homeless and in addition they held informational booths at health fairs for churches and service organizations in Hartford. A complete listing of the Hartford Speaker's Bureau activities may be obtained by contacting Rita Kornblum, ACTA Coordinator, at rkornblum@ci.hartford.ct.us or at (860) 547-1426 ext: 7188.

3. The American Lung Association of CT Asthma Walk was held October 4th 2003. The ACTA Team composed of 10 individuals walked at Walnut Park in New Britain. The team was able to raise the amount of \$300 that was donated to ALACT for asthma programs.

C) Public Awareness (Primary Prevention)

The public awareness efforts in 2003 were aimed at educating the public on reducing risk factors and encouraging screening and medical care to individuals that experience symptoms but have not been diagnosed by a physician as having asthma. In order to do so effectively, ACTA commissioned an evaluation of its two-year public awareness campaign to address recall and campaign effectiveness. The main goals of the evaluation were (1) to determine which components were recalled most frequently (2) to examine the relationship between campaign recall and various demographic characteristics (3) to examine the relationship between recall of each of the campaign components and endorsement of specific action steps related to asthma awareness.

A sample of 402 City of Hartford residents aged 18 or older was contacted via random digit dialing in June 2003. These respondents completed a brief, anonymous telephone survey, administered in either English or Spanish. The survey revealed the following:

- Approximately 77% of the random sample of adult Hartford residents recalled or participated in at least one component of this campaign.
- The television advertisement featuring a little girl with asthma was the most widely recalled campaign component, reaching approximately half of the respondents.
- Most of the media campaign components reached the audience similarly regardless of previous asthma diagnosis.

- Those with asthma seemed to be more interested in learning more about asthma than those without a previous diagnosis, in terms of attendance at asthma-related activities and in terms of action steps taken as a result of exposure to campaign components.
- One interesting observation was that those with asthma were more likely than those without to report that they shared asthma related information with family or friends as a result of exposure to the campaign.
- Findings support the training of those with asthma as lay-educators to increase awareness of asthma symptoms and to encourage screening among those not yet diagnosed.

A copy of the complete evaluation report may be obtained by contacting Rita Kornblum, ACTA Coordinator, at rkornblum@ci.hartford.ct.us or at (860) 547-1426 ext: 7188.

III. OTHER INITIATIVES

Hartford Health Survey 2003

In the 2003 Hartford Health Survey, random selections of approximately 1200 adult Hartford residents were recruited over the phone. Participants received the survey through the mail and mailed it back to the Hartford Health Department upon completion. In preparation for the 2003 survey, the ACTA data sub-committee collaborated with the Public Health Scientific Advisory Council to revise asthma questions from previous surveys and to add new ones in order to obtain an estimate of the number of people with undiagnosed asthma. Survey questions also included health education for those with asthma and were based upon goals described in Health People 2010.

Report findings were released in June 2003 and revealed the following:

- The prevalence of self-reported asthma among survey respondents was approximately 17%, a rate that has not increased since 2000.
- Among those without asthma, 23% reported that another member of their household has asthma.
- Reported asthma rates were significantly higher for Blacks and Hispanics (18% and 22%, respectively) than for non-Hispanic Whites (10%).
- Respondents living at the poverty level were significantly more likely to report having asthma than those living at higher income levels.
- Individuals with asthma were *more* likely than those without asthma to report that at least one current cigarette smoker was currently living in the household (41% vs. 35%), although this difference was not statistically significant.
- The rules around banning cigarette smoking did not differ significantly in the homes of persons with asthma relative to the homes of those without asthma.

This information suggests that, in Hartford, individuals with asthma are exposed to at least as much cigarette smoke in their homes as are those without asthma. These patterns indicate a

need for continued public health initiatives to decrease exposure to environmental tobacco smoke among those with asthma.

Health education for those with asthma:

Respondents with asthma were asked whether or not they had ever taken a course or class on asthma self-management and whether they had ever received any of six health education components. The percentage of respondents reporting that they ever took a class or received any of these components were as follows (figures in parentheses indicate the number of people providing data on each item):

Health education component	% reporting
Took course or class on asthma self-management	21 (180)
Received written asthma care plan	25 (181)
Received education on how to use inhaler properly	75 (181)
Received education on how to take controller medication	55 (181)
Received education on early symptoms of episodes and what to do if you get them	48 (181)
Received education on asthma self-care at home after any hospital stay due to asthma	44 (181)
Received education on how to identify and avoid environmental triggers	52 (181)

These data indicate that only one quarter of those with asthma in Hartford reported having ever received a written asthma care plan as part of their asthma care and that only 21% have ever taken a class or course on asthma self-care. One quarter of those with asthma reported having *never* received education on how to use their inhaler properly. These data suggest that there is a need for continued health education efforts aimed at asthma self-management in Hartford.

Undiagnosed asthma in Hartford:

In order to obtain information on possible undiagnosed asthma in Hartford, the 2003 Hartford Health Survey included one question that asked if respondents had experienced “wheezing or whistling in your chest at any time during the last 12 months”. Out of the 986 respondents who reported that they had never been diagnosed with asthma, 21% of those providing data reported that they had experienced symptoms of asthma in the past 12 months. Among these respondents, the report of asthma symptoms was not associated with Hispanic ethnicity, with poverty or with education but was significantly associated with current smoking status.

Air quality in Hartford:

The **ACTA Environmental Sub-Committee** has been involved in two efforts aimed at improving air quality in Hartford. In partnership with the Connecticut Coalition for Environmental Justice worked hard to influence the Hartford City Council to adopt very strict clean air standards and the use of particulate filters to reduce pollution caused by vehicle

emissions. Hartford will receive 50 new school buses fitted with particulate filters. These buses will be delivered in the course of one school year. The Capital City Economic Development Authority (CCEDA), the agency that oversees the Adriaen's Landing construction project, has agreed to install filters for all of the vehicles involved in the construction site.

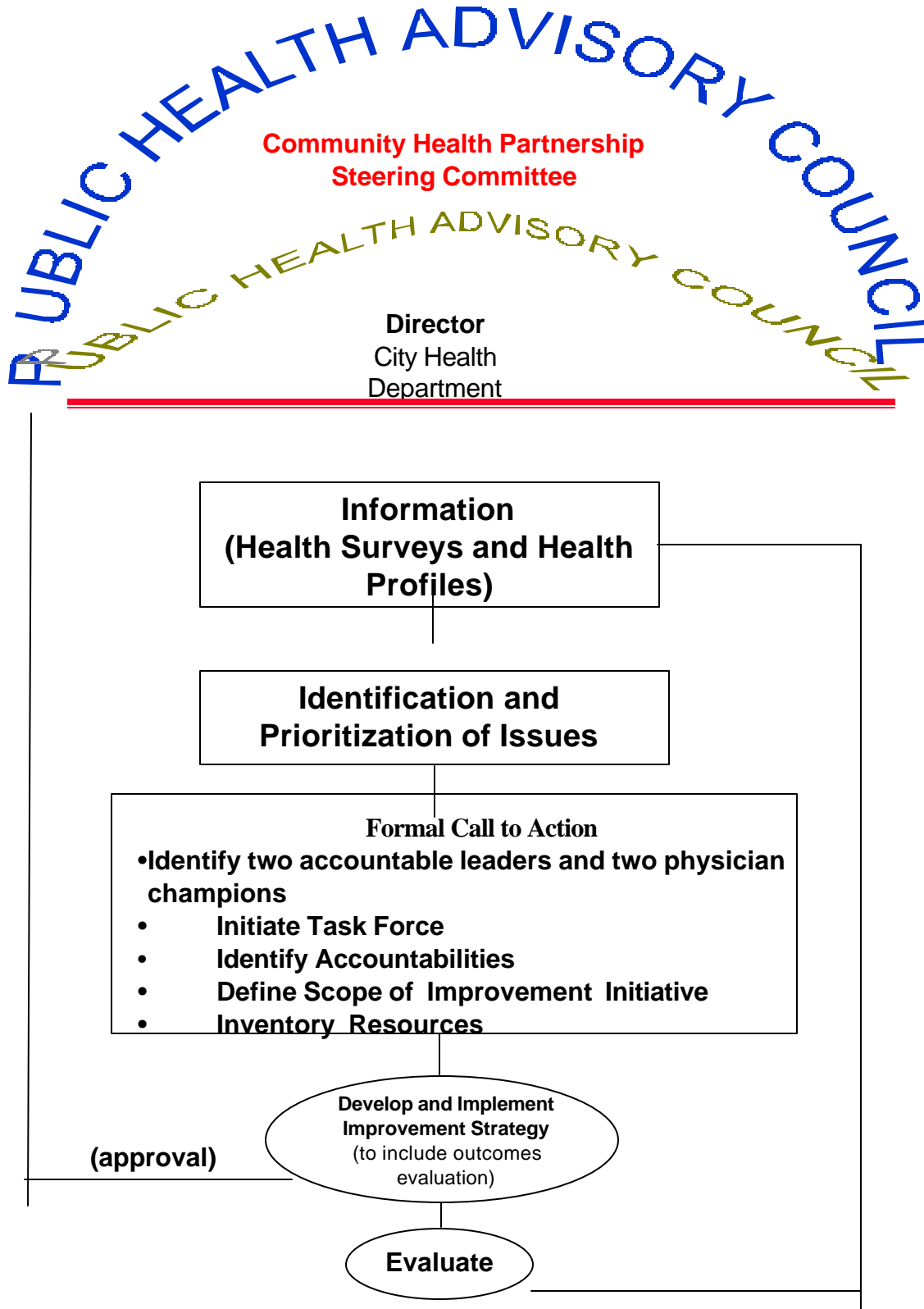
It is hoped that these two measures will make a significant contribution to decrease the amount of air pollution in Hartford and consequently help city residents that suffer from asthma.

IV. SUMMARY OF NEXT STEPS

- The ACTA plans for 2004 include strengthening the connection between asthma in emergency departments and primary care upon discharge through a procedure called "bundling". Dr. Scott Wolf, one of ACTA's physician champions is spearheading this effort.
- ACTA will continue to explore ways to increase the amount of patient education that asthma patients receive in a variety of settings including emergency departments and at primary care locations.
- ACTA will support the new Breath Express, an educational center on wheels that will enable the Hartford Asthma Call to Action Taskforce to expand its efforts to bring asthma education to City of Hartford residents and students of the various Hartford Schools. The launch of the new Breath Express is anticipated for September 2004.
- Increased participation in the Steps for Breath 2004 walk-a-thon organized by the American Lung Association of Connecticut.
- Increased public awareness activities to reach different age groups including but not limited to adolescents and seniors.

Appendix A

PROCESS FOR CALL TO ACTION IN HARTFORD



Appendix B

Hartford's Asthma Call-To-Action Members

Marie Spivey, RN, MPA, Co-Chairperson, Project Manager, Division of Community Education, Training and Employment Services, **Capitol Region Education Council (CREC)**.

Sandra Hart, Co-Chairperson, Director of Asthma Programs, **American Lung Association of Connecticut (ALACT)**.

Rita Kornblum, ACTA Coordinator, **Hartford Health Department**.

Richard ZuWallack, MD, Associate Chief, Pulmonary and Critical Care Medicine, Physician Champion, **St. Francis Hospital and Medical Center**.

Scott Wolf, MD, Director, Clinical Operations Ambulatory Medicine, Physician Champion **Hartford Hospital**.

Michelle M. Cloutier, MD, Pediatric Pulmonary Division, Physician Champion, **Connecticut Children's Medical Center/University of Connecticut Health Center**.

Dr. Ramon Rojano, MFT, MPH, Director of Health and Human Services, **City of Hartford Health Department**.

Pam Clark, RN, MPH, Nursing Supervisor, **Hartford Public Schools**.

Patricia Sullivan, RN, MS, Nursing Supervisor, **Hartford Public Schools**.

Angela Testa, Director of School Health Programs, **American Lung Association of Connecticut**.

Mark Mitchell, M.D, MPH, President, **CT Coalition for Environmental Justice/ Mitchell Health Consultants**.

Tung Nguyen, MPH, Epidemiologist, **Hartford Health Department**.

Gloria Jones, APRN, **Connecticut Children's Medical Center/ Asthma Center**.

Stacey Johnson, **U.S. Environmental Protection Agency**.

Steve Sonone, **Hartford Environmental Justice Network**.

Lois Mascia, **Anthem Blue Cross and Blue Shield.**

Noraliz Santa, RN, **Hartford Hospital, Asthma Control and Education Program.**

Joan Simpson, MSPH, **State of Connecticut Department of Public Health.**

Patricia Miskell, **State of Connecticut Department of Public Health.**

Christine Parker, **State of Connecticut Department of Public Health.**

April Davis, **State of Connecticut Department of Public Health**

Eileen Storey, MD, **University of CT, Division of Occupational and Environmental Medicine.**

Paula Schenck, MPH, **University of CT, Division of Occupational and Environmental Medicine.**

Sharon Lewis, **CT Coalition for Environmental Justice.**

Tara McLaughlin, PhD, MPE, Senior Scientist, **Hartford Hospital Research Program**

Jocelyn Haddock, **Hispanic Health Council**

Laurel Baldwin Ragaven, MD, **Henry Luce Professor/Health and Human Rights, Trinity College.**

Appendix C

Hartford's Asthma Call to Action Sub-Committees Membership:

Asthma in Schools:

Joan Simpson, State of CT Department of Public Health
Pat Sullivan, Hartford Public schools
Pam Clark, Hartford Public schools
Rita Kornblum, Chair, Hartford Health Department
Tara McLaughlin, PhD, MPE, Hartford Hospital Research Program

Environmental Sub-committee:

Mark Mitchell, Chair, CT Coalition for Environmental Justice
Paula Schenk, UConn Div. of Occupational and Environmental Medicine
Renee Coleman Mitchell, State of CT Department of Public Health

Data Sub-committee

Mark Mitchell, CT Coalition for Environmental Justice
Patricia Miskell, State of CT Department of Public Health
Tung Nguyen, Chair, Hartford Health Department
Eileen Storey, MD UConn Div. of Occupational and Environmental Medicine
Tara McLaughlin, PhD, MPE, Hartford Hospital Research Program

Public Awareness Sub-Committee

Joan Simpson, State of CT Department of Public Health
Sandra Hart, American Lung Association of CT
Rita Kornblum, Chair, Hartford Health Dept.
Lois Mascia, Anthem Blue Cross and Blue Shield
Tara McLaughlin, PhD, MPE, Hartford Hospital Research Program

Rita Kornblum, ACTA Coordinator, prepared this Annual Report assisted by Tara McLaughlin.